U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 86-257, as amended Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



1 File Number U - 90/6

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2 Fiscal Year Covered From

1714	1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name, file number, and address of labor organization
Name LESLIE M DAVIDSON	Name PLUMBERS & PIPEFITTERS LOCAL 430
	Labor Organization File Number 540 508
DO Day Bldg Deem No if any	
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any
Street 10106 EAST 91 CIRCLE NORTH	Street 2908 NORTH HARVARD
City OWASSO	City TULSA
State Oklahoma ZIP Code + 4 74055 - 6834	State Oklahoma ZIP Code + 4 74115-2404
5 Position in labor organization AGENT/ORGANIZER	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)	
A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income
Name '	
Trade Name, if any	
P O Box, Bldg , Room No , if any	7 b Amount
Street	
City	
State ZIP Code + 4	
Signature	
15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)	
	17/10/2005 D 20 0 21 0 4 5 5 5 5
Signed hearing them	On 7/18/2005 9/8 836 043 x+15
Form LM-30 (2003)	Pose 1 of 2

· <del>-</del>		
Name of Person Filing LESLIE DAVIDSON	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name, if any)  Name PLUMBERS PIPEFITTERS HEALTH WELFARE FUND  Trade Name, if any  P O Box, Bldg , Room No , if any  Street 2908 NORTH HARVARD  City TULSA  State Oklahoma ZIP Code + 4 74115-2404	9 Business deals with  X a Labor Organization b Trust c Employer	
10 If 9 b or 9 c is checked give trust or employer's name  Name  Trade Name, if any  P O Box, Bldg , Room No , if any	11 a Nature of such dealing UNION NEGOTIATES CONTRACTS AND AGREEMENTS REQUIRING CONTRIBUTIONS TOO HEALTH WELFARE FUNDS WITH SIGNATORY CONTRACTORS	
Street	11 b Approximate dollar value of such dealing	
Crty State ZIP Code + 4	12 a Nature of interest held or income received  CONFERENCE IN LAS VEGAS, NV MAY 2- MAY 5,2004  CONFERENCE REGISTRATION 500.00 HOTEL 162.00, MEAL, 137 00,AIRFARE 228 00	
	12 b Amount. \$1,027	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value  13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)		
(including trade name, if any)		
Trade Name, if any	i	
P O Box, Bldg , Room No , if any		

14 b Amount of payment.

13 b is the Business an Employer

ZIP Code + 4

or Consultant

?

Street .

City

State